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COVER LETTER

	ision of Corp					
our recr		EDWARD PROPERTY SERV	/ICES, LLC			
SUBJECT:	<u> </u>	Name of Lim	ited Liability Company			
The encloses	d Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		Glenn E Walters Jr				
			Name of Person			
		CHELSEA EDWARD PRO	OPERTY SERVICES.	LLC		
			Firm/Company			
		6119 IVORY BILL DR				
			Address			
		ENGLEWOOD, FL 34224	,			
			City/State and Zip Cod	lc		2021
		gwalters50@gmail.com	to be used for future annu			i A
For further	information c	E-mail address: (oncerning this matter, please c		ar report notification	JH)	2024 JAN 214
Megan C E	llison			708-2939		PH 3: 07
	Name o	f Person	at () _ Area Code	Daytime Tele	ephone Number	—·
Enclosed is	a check for th	ne following amount: (mail.	ed separate).			
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fe Certified Copy (additional copy is		S60.00 Filin Certificate Certified Co (additional co	of Status &
Re	ailing Addres	Section	Regis	Address:		
	ivision of C O. Box 632	Corporations		ion of Corpora Centre of Talla		
	o. Box 652 Illahassee, l			N. Monroe St)

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHELSEA EDWARD PROPERTY SERVICES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/12/2023 and assigned Florida document number L23000548209 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address New Registered Agent's Signature, if changing Registered Agent:

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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ELLISON, MEGAN C. AGENT	1 PLAZA MAYOR APT 16	
		VENICE, FL 34285	≘Remove
			□ Change
MGR	ELLISON, AMMON	1 PLAZA MAYOR APT 16	≣ Add
		VENICE, FL 34285	□Remove
			□Change
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			P □Charige 07
			□Add
			□Remove
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	ional) er filing.) Pursuant to is date will not be	o 605.020 : listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (is filed.	b) The 90th day	after the
December 19 , 2023		
Signature of a member or authorized representative of a member		
Glenn E Walters Jr		- ·

Filing Fee: \$25.00 ·